

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

|   |  |   | ν.  | . <del></del> (                     | 011, 210 2000   |   |   |
|---|--|---|---|-------------------------------------|---|---|---|
| INSTRUCTIONS: This for appropriate. All further coundinated unless corrected maintenance fee notification | orm should be used for tran<br>rrespondence including the<br>below or directed otherwise<br>ns.  | smitting the ISSU<br>Patent, advance of<br>in Block 1, by (a  | JE FEE and rders and notical specifying     | PUBLICA<br>ification o<br>a new cor | TION FEE (if red<br>f maintenance fees<br>respondence addres  | quired). Blocks 1 through 5<br>will be mailed to the curren<br>ss; and/or (b) indicating a sep  | should be completed where<br>t correspondence address as<br>arate "FEE ADDRESS" for                                 |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                              |  |   |   |                                     | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |   |   |
| 7:  | 590 03/13/2006   |   |   | ••                                  |   |   |   |
| BIRCH STEWA<br>P O BOX 747<br>FALLS CHURCH  | RT KOLASCH & B<br>, VA 220400747   | RCH LLP   |   | I<br>S<br>a<br>tr                   | hereby certify that<br>tates Postal Service<br>ddressed to the Ma<br>ansmitted to the US  | ertificate of Mailing or Tran<br>this Fee(s) Transmittal is bein<br>with sufficient postage for fir<br>ail Stop ISSUE FEE address<br>PTO (571) 273-2885, on the | smission g deposited with the United stst class mail in an envelope above, or being facsimile date indicated below. |
|   |  |   |   |                                     |   |   | (Depositor's name)  |
|   |  |   |   | Γ                                   |   |   | (Signature)   |
|   |  |   |   |                                     |   |   | (Date)  |
| APPLICATION NO.   | FILING DATE  | FIRST NAMED   |   | D INVENTO                           | OR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |
| 09/447,430  | 09/447,430 11/23/1999  |   |   | TAKASHI NAKAYAMA                    |   | 1982-0140P  | 3800  |
| FITLE OF INVENTION:<br>CONSUMPTION  | IMAGE DISPLAY DEV  | ICE, DISPLAY  | METHOD A                                    | ND DIGI                             | TAL CAMERA I  | FOR REDUCING DISPLAY  | POWER   |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE   |   | PUB                                 | LICATION FEE  | TOTAL FEE(S) DUE  | DATE DUE  |
| nonprovisional  | NO   | \$0   |   |                                     | \$0   | \$0   | 06/13/2006  |
| EXAMINER ART U  |  |   | IT CLASS-SUBCLASS                           |                                     |   |   |   |
| HANNETT, JAMES M 261:   |  |   | 2 348-207000                                |                                     |   |   |   |
| . Change of correspondence (CFR 1.363).   | e address or indication of "F  | ee Address" (37   |   | -                                   | patent front page,  |   |   |
| Change of correspond  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a mambers 2 Kolasch & Birch L  |   |   |                                     |   |   |   |
| "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.   | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |                                     |   |   |   |
| . ASSIGNEE NAME AND   | RESIDENCE DATA TO B  | E PRINTED ON 1  | THE PATENT                                  | (print or                           | type)   |   | · · · · · · · · · · · · · · · · · · ·   |
| PLEASE NOTE: Unless recordation as set forth in   | an assignee is identified be 37 CFR 3.11. Completion   | low, no assignee of this form is NO                           | data will appe<br>T a substitute            | ear on the<br>for filing a          | patent. If an assig<br>in assignment.   | gnee is identified below, the c   | locument has been filed for   |
| (A) NAME OF ASSIGN  |  |   |   |                                     | ΓY and STATE OR   |   |   |
| Fuii Photo  | o Film Co., I  | TD.   | •   |                                     | -   | -   | • •   |
| lease check the appropriate   | c assignee category or catego  | ries (will not be pr  | Kana<br>inted on the pa                     | agwa,                               | Japan<br>□Individual 双  | Corporation or other private gr   | oup entity Government   |
| a. The following fee(s) are   | enclosed:  | 41  | . Payment of                                | Fee(s)                              |   |   |   |
| ☐ Issue Fee   | A check in the amount of the fee(s) is enclosed.   |   |   |                                     |   |   |   |
| Publication Fee (No s   | Payment by credit card. Form PTO-2038 is attached. (if necessary) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to                                 |   |   |                                     |   |   |   |
| ☐ Advance Order - # or  | f Copies   | <del></del>   | The Direct Deposit A                        | ctor is here<br>Account Nu          | by authorized by ch<br>imber <u>0.2 – 2.4</u>   | parge the required fee(s), or cre<br>48 (enclose an ext   | edit any overpayment, to ra copy of this form).   |
|   | (from status indicated above   |   |   |                                     |   | · · · · · · · · · · · · · · · · · · ·   |   |
|   | MALL ENTITY starts. See  |   | b. Applica                                  | ant is no lo                        | onger claiming SMA  | ALL ENTITY status. See 37 C   | FR 1.27(g)(2).  |
| he Director of the USPTO IOTE: The Issue Fee and P interest as shown by the reco                          | is requested to apply the Isau<br>ublication Fee (if required) v<br>ords of the United States Pate   | e Feè and Publica<br>vill not be accepted<br>ut and Trademark | tion Fee (if an<br>1 from anyone<br>Office. | y) or to re-<br>c other than        | apply any previous<br>the applicant; a re   | sly paid issue fee to the applications of the street attorney or agent; or the street attorney or agent; or the street attorney or agent.                       | ation identified above.<br>he assignee or other party in  |
| Authorized Signature  | MARIE  |   |   |                                     |   | ne12, 2006  |   |
| Typed or printed name Richard D. Anderson Registration No. 40,439   |  |   |   |                                     |   |   |   |
| his collection of information   | on is required by 37 CFR 1.3   | 11. The informatio  | n is required t                             | to obtain o                         | r retain a benefit by   | the public which is to file (an   | d by the USPTO to process)  |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.